



[www.dreamsystemsdentallab.com](http://www.dreamsystemsdentallab.com)  
 720 Sunrise Avenue, #230-A  
 Roseville, CA 95661  
 LAB (916) 865-4528  
 FAX (916) 865-4563  
[jimaddiego@gmail.com](mailto:jimaddiego@gmail.com)

Doctor \_\_\_\_\_ Patient \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ RX Date \_\_\_\_\_ Due Date \_\_\_\_\_  
 Email \_\_\_\_\_ Please \_\_\_ Email \_\_\_ Call on Return Date

<b>Sleep Patients:</b> ___ Sleep Apnea ___ Snoring ___ Sleep Test Verified Protrusive Range = ___ mm; Bite Taken: Mandible Advanced ___ mm Patient Protrudes ___ Straight Forward ___ Veers to ___ Right ___ Left ___ mm ___ Do Not Open Bite ___ OK to Open Bite ___ mm ___ Call with questions on the bite	<b>APPLIANCE COLOR</b> ___ CLEAR ___ TEAL <b>Case Content Enclosure</b> ___ Impressions ___ Models ___ Bite ___ Upper ___ Lower
---	---

**OASYS Oral-Nasal Airway System** (ThermoFlex Hard)

- \_\_\_ OASYS with Nasal Dilators
- \_\_\_ Include Lingual Tongue Buttons
- \_\_\_ Upper Splint / Cushion \_\_\_ Full Coverage \_\_\_ Open Lingual #7-10
- \_\_\_ Exclude Incisal Shelf for Increased Tongue & Breathing Space
- \_\_\_ No Upper Splint/Cushion—Patient to Wear Upper Denture/Anterior Partial
- \_\_\_ Include a Anterior Bite Block on the Lower Splint for a Bruxer
- \_\_\_ Minimize Mouth Breathing Space to Encourage Nasal Breathing
- \_\_\_ Add Ball Clasps \_\_\_ Add Clasps as Needed \_\_\_ Use Hard Acrylic

- Sleep Herbst / OASYS TMA-10** (Telescopic Screw Hinges, Advancement 5-10mm, Ball Clasps, Hooks & Elastics)
- \_\_\_ Telescopic Herbst Premium Design—Fully Welded (5mm)
  - \_\_\_ OASYS TMA-10 Premium Design—Fully Welded (10mm)
  - \_\_\_ Telescopic Herbst Medicare E0486—Wire-Weld Design
  - \_\_\_ Hard Acrylic—Good Impressions Required
  - \_\_\_ ThermoFlex / Hard Acrylic—Better Fit with Impression Imperfections

- Myerson EMA** (Elastic Mandibular Advancement Device +9mm) (Includes Starter Elastic Pack for 5mm Advancement)
- \_\_\_ EMA Standard 2.0mm Splint \_\_\_ EMA Bruxer 2.5mm Splints
  - \_\_\_ EMA ThermoFlex Hard Splints \_\_\_ EMA First Step 90 Day Trial

- Combination Therapy** \_\_\_ Add TAP PAP \_\_\_ Add CPAP Pro
- \_\_\_ Removable Bracket Design \_\_\_ Fixed Design \_\_\_ Incl. Hooks & Elastics

**Nightguard/Splint**

- \_\_\_ Upper \_\_\_ Lower \_\_\_ Full Arch
- \_\_\_ 3x3 \_\_\_ NTI-Type \_\_\_ Flat Plane
- \_\_\_ ThermoFlex-Hard \_\_\_ Hard Acrylic
- \_\_\_ Erko-Loc Pro Hard/Soft
- \_\_\_ Flat Plane \_\_\_ Cuspid Rise
- \_\_\_ Anterior Guidance
- \_\_\_ Ball Clasps \_\_\_ Add as Needed

- Lower Splint Options:**
- \_\_\_ Gelb \_\_\_ NYU \_\_\_ May \_\_\_ 3x3 \_\_\_
  - \_\_\_ OASYS TMJ Splint w/Lingual Bar & Tongue Buttons
  - \_\_\_ OASYS Pedo Speech Trainer w/Lingual Tongue Buttons

**Invisible Overlay Retainer**

- \_\_\_ Upper \_\_\_ Lower (1.0 mm)

- AM Aligner** (Morning Bite Deprogrammer After Wearing Sleep Device)
- \_\_\_ Full Arch Wafer \_\_\_ Anterior Wafer.

Doctor Signature \_\_\_\_\_

License # \_\_\_\_\_

This is your authorization pursuant to the provisions of Article II of the Dental Practice Act of The State of California to construct, alter, or repair the dental restoration described here on.



[www.dreamsystemsdentallab.com](http://www.dreamsystemsdentallab.com)  
 720 Sunrise Avenue, #230-A  
 Roseville, CA 95661  
 LAB (916) 865-4528  
 FAX (916) 865-4563  
[jimaddiego@gmail.com](mailto:jimaddiego@gmail.com)

Doctor \_\_\_\_\_ Patient \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ RX Date \_\_\_\_\_ Due Date \_\_\_\_\_  
 Email \_\_\_\_\_ Please \_\_\_ Email \_\_\_ Call on Return Date

<b>Sleep Patients:</b> ___ Sleep Apnea ___ Snoring ___ Sleep Test Verified Protrusive Range = ___ mm; Bite Taken: Mandible Advanced ___ mm Patient Protrudes ___ Straight Forward ___ Veers to ___ Right ___ Left ___ mm ___ Do Not Open Bite ___ OK to Open Bite ___ mm ___ Call with questions on the bite	<b>APPLIANCE COLOR</b> ___ CLEAR ___ TEAL <b>Case Content Enclosure</b> ___ Impressions ___ Models ___ Bite ___ Upper ___ Lower
---	---

**OASYS Oral-Nasal Airway System** (ThermoFlex Hard)

- \_\_\_ OASYS with Nasal Dilators
- \_\_\_ Include Lingual Tongue Buttons
- \_\_\_ Upper Splint / Cushion \_\_\_ Full Coverage \_\_\_ Open Lingual #7-10
- \_\_\_ Exclude Incisal Shelf for Increased Tongue & Breathing Space
- \_\_\_ Patient to Wear Upper Denture/Anterior Partial-No Upper Splint/Cushion
- \_\_\_ Include a Anterior Bite Block on the Lower Splint for a Bruxer
- \_\_\_ Minimize Mouth Breathing Space to Encourage Nasal Breathing
- \_\_\_ Add Ball Clasps \_\_\_ Add Clasps as Needed \_\_\_ Use Hard Acrylic

- Sleep Herbst / OASYS TMA-10** (Telescopic Screw Hinges, Advancement 5-10mm, Ball Clasps, Hooks & Elastics)
- \_\_\_ Telescopic Herbst Premium Design—Fully Welded
  - \_\_\_ OASYS TMA-10 Premium Design—Fully Welded Lingual & Buccal
  - \_\_\_ Telescopic Herbst Medicare E0486—Wire-Weld Design
  - \_\_\_ Hard Acrylic—Good Impressions Required
  - \_\_\_ ThermoFlex / Hard Acrylic—Better Fit with Impression Imperfections

- Myerson EMA** (Elastic Mandibular Advancement Device +9mm) (Includes Starter Elastic Pack for 5mm Advancement)
- \_\_\_ EMA Standard 2.0mm Splint \_\_\_ EMA Bruxer 2.5mm Splints
  - \_\_\_ EMA ThermoFlex Hard Splints \_\_\_ EMA First Step 90 Day Trial

- Combination Therapy** \_\_\_ Add TAP PAP \_\_\_ Add CPAP Pro
- \_\_\_ Removable Bracket Design \_\_\_ Fixed Design \_\_\_ Incl. Hooks & Elastics

**Nightguard/Splint**

- \_\_\_ Upper \_\_\_ Lower \_\_\_ Full Arch
- \_\_\_ 3x3 \_\_\_ NTI-Type \_\_\_ Flat Plane
- \_\_\_ ThermoFlex-Hard \_\_\_ Hard Acrylic
- \_\_\_ Erko-Loc Pro Hard/Soft
- \_\_\_ Flat Plane \_\_\_ Cuspid Rise
- \_\_\_ Anterior Guidance
- \_\_\_ Ball Clasps \_\_\_ Add as Needed

- Lower Splint Options:**
- \_\_\_ Gelb \_\_\_ NYU \_\_\_ May \_\_\_ 3x3 \_\_\_
  - \_\_\_ OASYS TMJ Splint w/Lingual Bar & Tongue Buttons
  - \_\_\_ OASYS Pedo Speech Trainer w/Lingual Tongue Buttons

**Invisible Overlay Retainer**

- \_\_\_ Upper \_\_\_ Lower (1.0 mm)

- AM Aligner** (Morning Bite Deprogrammer After Wearing Sleep Device)
- \_\_\_ Full Arch Wafer \_\_\_ Anterior Wafer.

Doctor Signature \_\_\_\_\_

License # \_\_\_\_\_

This is your authorization pursuant to the provisions of Article II of the Dental Practice Act of The State of California to construct, alter, or repair the dental restoration described here on.